

**AUTHORIZATION TO ACCEPT PERSONAL SERVICE
AND RECEIVE REGISTERED AND CERTIFIED MAIL**

Sec. 50.03(2m), Wis Stats, requires that each licensee or applicant for license shall file with the department the name and address of a person authorized to accept service of any notices or other papers which the department may send by registered or certified mail, with a return receipt requested. The department is required to serve any notice or other paper to the most current address on file. The information collected on this form will be used to comply with Sect. 50.03(2m) Wis Stats, and will be used for no other purpose. Failure to provide the department with the current name and address of the person authorized to accept service may result in a notice of violation and a forfeiture.

Name of Facility	License No.
Address of Facility	BQA Regional Office

INSTRUCTIONS

- SECTION A** This is the name of the person, currently on file with the Bureau of Quality Assurance, authorized to accept service. If this information is accurate, please sign and date in the space provided and return this form to the address below.
- SECTION B** If the information on file is not accurate, please indicate changes or corrections, including the correct mailing address. Sign, date and return this form.
- SECTION C** Indicate the name of an alternate authorized agent in this section of the form. Sign, date and return this form.

Bureau of Quality Assurance
Provider Regulation and Quality Improvement Section
P.O. Box 2969
1 W. Wilson St.
Madison WI 53701-2969

If you have questions about completing this form please call 608-266-2966.

A. INFORMATION ON FILE

Name and Title of Licensee's Authorized Person to Accept Service (e.g., Administrator, Director of Nursing, etc.)

SIGNATURE - Licensee or Licensee's Representative I verify that the above information is correct.	Date Signed
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B. CORRECTIONS OR CHANGES TO INFORMATION ON FILE

Name and Title
Mailing Address

SIGNATURE - Licensee	Date Signed
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C. ALTERNATE AUTHORIZED PERSON TO ACCEPT SERVICE

Name and Title	
SIGNATURE – Alternate Authorized Person	Date Signed